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Atty. Dkt. No. 310473-1800

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sekhar Boddupalli, et al.
Title: CHROMAN DERIVATIVES FOR
THE REDUCTION OF
INFLAMMATION SYMPTOMS
Appl. No.: 10/714,152
Filing Date: 11/13/2003
Examiner: Unknown
Art Unit: Unknown

<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p><u>Rene Campos</u> (Printed Name)</p> <p><u>[Signature]</u> (Signature)</p> <p><u>December 2, 2004</u> (Date of Deposit)</p>

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT
BY ASSIGNEE AND
CHANGE OF CORRESPONDENCE ADDRESS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Galileo Pharmaceuticals, Inc., a corporation duly organized and existing under the laws of the State of CA, and having its principal place of business at 5301 Patrick Henry Drive, Santa Clara, CA 95054 is the Assignee and owner of the entire right, title, and interest in and to the above-identified patent application.

I HEREBY APPOINT the registered attorneys and agents at:

Customer Number: 38706

including **Gloria Pfister, Reg. No. 45,642** of Galileo Pharmaceuticals, Inc. to have full power to prosecute this application and any continuations, divisions, reissues, and reexaminations thereof, to receive the patent, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please direct all future correspondence concerning this application to:

Gerald F. Swiss
FOLEY & LARDNER LLP
1530 Page Mill Road
Palo Alto, California 94304-1125

Telephone: (650) 856-3703
Facsimile: (650) 856-3710

Executed this 23 day of November, 2004

GALILEO PHARMACEUTICALS, INC.

By:


(Signature)

GLORIA PFISTER
(Printed Name)

Senior Director Patents
(Title)



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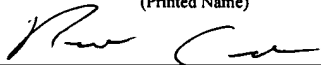
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TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed for filing, please find the following:

- [X] Power of Attorney and Change of Correspondence Address (2 pgs.);
- [X] Return Receipt Postcard.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 2, 2004

By Lorna L. Tanner

FOLEY & LARDNER LLP
1530 Page Mill Road
Palo Alto, California 94304-1125
Telephone: (650) 251-1104
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Lorna L. Tanner
Attorney for Applicant
Registration No. 50,782